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BIOETHICS: THE IDEA OF EQUITY IN PUBLIC HEALTHCARE SYSTEM

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ABSTRACT

Introduction. The research covers one of the relevant bioethical problems - the problem of equity in healthcare. It reveals the features of the state policy carried out in the Republic of Uzbekistan in the field of healthcare, particularly the problems of private medicine and compulsory medical insurance. **The aim of the research** is to determine the level of awareness of the population of Uzbekistan on the principle of equity in healthcare system, as well as to assess opinions and attitudes towards the private medicine and compulsory health insurance. **Methods of work.** A sociological survey in the form of questioning was carried out among the population of Tashkent in the makhallas “Beryuniy”, “Olympia”, “Moikurgan”, “Beshkurgan”, “Tinchlik”, “Astrabod”. The survey involved 200 people of different gender and age. **Results and discussion.** The results of the questioning revealed a number of relevant issues in healthcare system: provision of equity in the field of healthcare through adoption of certain laws, as well as via coduction of reforms in the Republic, projection of private sector in receiving of qualified medical care, lack of awareness among the population on the phased implementation of compulsory health insurance from January 1, 2021, which should ensure justice in healthcare. **Conclusion.** Arrangement of compulsory medical insurance will help to solve such problems as: the formation of a competitive environment and the establishment of quality standards for the services provided; ensure equity in resource allocation; give freedom of choice of a medical institution or a doctor, stimulate the use of resource-saving technologies; improving the well-being of health care and improving the material and technical

base of health care institutions; creation of conditions for attracting investments in the development of medical science and technology.

Key words: bioethics, healthcare, equity, medical care, health protection, reforms, private medicine, compulsory medical insurance.

Introduction

To date bioethical problems associated with the advances of science/technology and a moral attitude towards them are one of the main issues emerged in recent decades. The term “Bioethics” first came into scientific use in 1969 thanks to the American scientist V.R. Potter, who shaped it as a moral and ethical teaching. In conclusion to his report in Costa Rica in March 1999, V.R. Potter said: “I ask you to accept bioethics as a new ethical teaching, uniting humility, responsibility and competence, as a science, which in its essence is interdisciplinary, which unites all cultures and extends the meaning of the word “humanity” [1]. “Bioethics can be considered as the collective conscience of the entire medical community, indicating the personal humanitarian responsibility of each member for the preservation of life on the Earth” [2].

The interpretation of bioethics is heterogeneous. In a narrow sense, the term “Bioethics” refers to the whole range of ethical problems in the interaction of a doctor and a patient. In a broad sense, the content of the concept of “Bioethics” involves the coverage and study of a number of axiological, social, environmental, medical and socio-legal problems affecting not only humans, but also animals or plants.

As a science, Bioethics is an interdisciplinary field of research, the subject of which is the moral foundations and problems of medicine and healthcare, which is primarily philosophical.

The main problems of bioethics are: protecting the rights of the patient; health equity; relationship with the environment; abortion, contraception and new reproductive technologies; conducting experiments on humans and animals; development of criteria for the diagnosis of patient's death; transplantology; modern genetics; stem cell manipulation; cloning; providing timely care to patients; suicide and poisoning.

Among the abovementioned problems, equity in healthcare is one of the most important, since ethical concepts of equity and the problems of their application can solve many practical problems in the healthcare system.

The aim of the work is to determine the level of awareness of the population of Uzbekistan about the principle of equity in healthcare system, as

well as to assess opinions and attitudes towards the private medicine and compulsory health insurance.

In ethics, equity is a category meaning a state of affairs that is considered for granted, that meets the ideas of the essence of person, his inalienable rights, proceeding from the recognition of equality between all people and the need for conformity between deed and reward for good and evil, the practical role of different people and their social status, rights and obligations, merits and their recognition [3, p. 650].

The desire of people for equity, the search for its meaning, criteria, is one of the most significant pages of history. Aristotle once noted that "... equity, as it seems, is equality, and so it is, but not for everyone, and for equals; and inequality also seems to be equity, and so it really is, but again not for everyone, but only for unequal ones" [4, p. 365]. In contrast to Aristotle, T. Hobbes said that people are equal by nature: "the question of who is the best person does not have a place in a natural state where all people are equal" [5, p. 107]. For Farabi, equity is a public virtue, a principle that governs the relationship of people in society. It is implemented in ethical, social and legal senses [6, p. 229-230].

The legal expression of the requirement of equity is contained in article 10 of the Universal Declaration of Human Rights: "Everyone, in order to determine his rights and obligations and to establish the validity of the criminal charge against him, has the right, on the basis of full equality, to have his case examined publicly and subject to all requirements of equity by an independent and impartial tribunal" [7]. We see compliance in the Constitution of the Republic of Uzbekistan: "All citizens of the Republic of Uzbekistan have the same rights and freedoms and are equal before the law without distinction of gender, race, nationality, language, religion, social origin, beliefs, personal and social status [8].

In 1971, the philosopher John Rawls specified the concept of equity in the treatise Theory of Equity. He sees equity, first of all, in the social equality of people and offers three principles of social equity: 1) regardless of social status, place of work, color, gender, age, etc. everyone should have equal rights and freedoms with everyone else, including freedom of speech, assembly, and conscience. 2) if in society there is (for some reason) social inequality, it must be adjusted to serve the interests of the most oppressed groups of the population. 3) the principle of equal opportunities - access to positions and public positions should be open to all without restrictions.

To implement these principles, John Rawls considers four solutions: 1) equal access to quality education; 2) equal access to quality health care; 3) equal access to equity; 4) equal access to quality housing [9, p. 26].

Bioethics is interested in the issue of equity in healthcare, and this, in turn, will determine:

- ensuring universal and equal access to quality medical care;
- the absence of discrimination of patients by age, gender, race, social status, place of residence, etc.;
- priority care for the most vulnerable members of society;
- the opportunity for citizens to participate in the control of medical activities, to defend and protect their rights to protect health and medical care.

Methods and results of the work. To determine the degree of awareness of our population about the essence of the concept of “equity in healthcare” a questioning was carried out. The following question was asked: “What do you think is equity in healthcare?” 52% of respondents said that equity in healthcare is determined by ensuring equal access to quality health care; 29% - is non-discrimination of patients by age, gender, race and social status; 15% is priority care for the most vulnerable members of society; 4% is the ability of citizens to defend and protect their rights to health and medical care. As it can be seen, the population is clearly aware that health equity is a human right.

Healthcare systems that do not really provide a certain minimum of medical care for all citizens cannot be considered as equitable. According to one of the leading American theorists Robert White: “The fundamental premise of modern medical ethics is the understanding that health care should be a human right, and not a privilege for those who can afford it” [10, p. 66-67].

The WHO Charter states “... the possession of the highest attainable standard of health as the fundamental right of every person” [11]. Violation of human rights, opened or implicit discrimination in the provision of health services violates basic human rights, and insufficient attention to them can have significant health consequences for both the individual and society.

The next question that was asked was: “Who, in your opinion, should ensure equity in the healthcare system?” On this issue, 75% of surveyed people firmly answered that the state should ensure equity in the healthcare system; 8% - is the healthcare system; 6% - doctors; 7% - people themselves are responsible for their health; and only 4% replied that they had never thought about it. It can be concluded that the population understands the responsibility of the state for the health of the people and expects a solution to this problem.

From the first days of independence, our state pays a great attention to ensuring universal and equal access to qualified medical care. The right to qualified medical care is mentioned in the article 40 of the Constitution of the Republic of Uzbekistan. This article obliges the State to finance public health

and public health programs, take measures to develop public and private health systems, promote activities that promote human health, develop physical culture and sports, and environmental and sanitary-epidemiological welfare [12].

In order to implement this article of the Constitution on August 29, 1996, the Law of the Republic of Uzbekistan "On the protection of Citizens' Health" was adopted. The Law specified and developed the provisions of the Constitution of the Republic of Uzbekistan, as well as determined the basic principles of protecting the health of citizens, the objectives of the legislation in this area, secured the basic rights of patients when applying for medical care.

The list of rights that a patient can address when seeking medical care is given in the article 24 of the Law "On the Protection of Citizens' Health", which includes: respectful and humane attitude on the part of medical and service personnel; the choice of a doctor and medical institution; examination, treatment and maintenance in conditions that meet sanitary and hygienic requirements; holding at his request a concilium and consultation of other specialists; keeping confidential information about the fact of seeking medical help, about the state of health, diagnosis and other information; voluntary consent or refusal of medical intervention; as well as obtaining information about their rights and obligations and their state of health [13].

It is important to note that in Uzbekistan, the healthcare sector reforms are one of the important directions of the state policy. Over the past years, cardinal changes have been carried out aimed at increasing the population's access to qualified and effective medicine.

As a result of the work, an integrated system of primary health care for the population was formed by creating rural medical units, family clinics, an emergency and emergency medical care system with the head institution - the Republican Scientific Center for Emergency Medicine, its territorial branches, emergency medical care departments and emergency medical substations in district (city) medical associations.

Today in Uzbekistan, high-qualified medical services are provided in the specialized scientific and practical medical centers in such the fields as cardiology, surgery, eye microsurgery, urology, therapy and medical rehabilitation, endocrinology, pulmonology and phthisiology, obstetrics and gynecology, pediatrics and others.

As the President of Uzbekistan Shavkat Mirziyoyev has repeatedly noted, "the main goal of the current reforms is to improve people's lives, where a high-qualified medicine occupied an important place" [14].

It can be concluded that the laws adopted by the state in the field of equity in healthcare, as well as the reforms in this area are of great importance. But despite this, it should be noted that is very difficult and not yet realistic to reach equity in healthcare.

For instance, among the main systemic mechanisms for providing medical care there are private medicine and compulsory health insurance. The Decree of the President of the Republic of Uzbekistan “On comprehensive measures for the radical improvement of the healthcare system of the Republic of Uzbekistan” dated December 7, 2018 the Concept for the development of the healthcare system of the Republic of Uzbekistan for 2019-2025 is approved. Reform of the health financing system in order to ensure equal access to health services and financial protection of the population, as well as equal distribution of resources, is one of the strategic aims of the concept.

The Strategy for Financing the Health Care of the Republic of Uzbekistan for 2019-2025, Chapter 1, General Provisions, lists a number of issues directly related to the unsteady and inefficient allocation of resources by type of activity, levels of medical care, regions and providers of medical services, unequal access and low level of financial protection when receiving medical care by the population; and etc.

On April 1, 2017 a Decree was adopted by the President of the Republic of Uzbekistan, PP-2863 “On measures for the further development of the private health sector”. According to the decree, the types of medical activities permitted for the private sector increased from 50 to 126. A number of financial benefits was provided by the state to the private clinics. Besides, the decision-making period for a license issuing was reduced from 30 days to 20 days, the amount of the fee for the license issuing was reduced from ten to five times of the minimum salary amount.

To find out the opinion of our people on this issue the following question was asked: “Do you think, that the public sector needs a private sector in healthcare?” The following answers were received: 48% of respondents answered – “needs”; 43% - “does not need” and 9% of the population does not know. As can be seen, from the responses, the ratio of opinions of the population regarding private medicine amounted in almost the equal ratio.

When it was asked “What type of medical service are you satisfied with?”, the following was revealed: 30% of the people believe that state is the most reliable source of healthcare; 35% voted for the private medicine because there is modern equipment and professional medical staff; 32% say that it depends on the

severity of the disease; only 3% could not answer the question. The results indicate that the private medicine is justified.

“Thanks to such privileges and opportunities in a short period, that is for a year, 202 private medical institutions expanded their activity, 300 new ones were organized, and now the total number of private medical institutions exceeds 4,200. Together with such achievements, there are still a number of issues waiting for its solution. A clear discipline and personal responsibility in the performance of these tasks should become the daily rule of the activity of each medical worker. The head specialists also must understand it clearly, who are involved in licensing the medical service. Only by this way equity can be affirmed in the sphere. And where there is equity and honesty, there will be development and productivity” [15].

Nowadays, in most countries throughout the world, citizens' expenses for the medical services are compensated by the means of medical insurance, which is performed out in two forms - compulsory and voluntary.

The historical development of health systems in the Western countries showed that the exclusion of paid medicine by the compulsory health insurance and national-public health systems is tend to be a steady trend. So, for example, the transferring from the insurance medicine to the national health systems is in the process in Italy, Portugal, the transferring to the compulsory (universal, national) medical insurance from the voluntary (private, commercial) insurance takes place in the USA, South Korea, Cyprus, Israel, in The Netherlands. In 1985, a decision was made in Spain on almost 100% coverage of the population with medical care compared to 85% available. Other countries - Great Britain, Germany, France, Belgium, and countries of the northern Europe kept their national-public health and compulsory health insurance systems, making certain changes [16, p. 135].

In addition, the world experience shows that the most significant health care spending occurred in the USA - 17.1%, in Switzerland - 11.7%, in France - 11.5%, in Germany - 11.3%, in Holland - 11.0% of GDP (Table 1). The highest healthcare costs in Switzerland per capita are \$ 9673.5, in the United States - \$ 9402.5, and in the Netherlands - \$ 5693.9. The largest share of mandatory health insurance coverage is in Japan (100%), in Switzerland (99.5%), and in Belgium (99-100%). At the same time, insurers in the compulsory medical insurance system are: in Switzerland, Belgium, Russia, France and Japan there is the state, in Germany – health insurance funds, in the Netherlands - medical funds, in the USA - insurance companies [17].

Basing on international experience, on July 2 the Ministry of Health introduced a draft law “On Compulsory Health Insurance”. Adoption of the law will allow:

- to reform the health financing system;
- to improve the procedure for determining the volume of free medical care guaranteed by the state;
- to integrate a system of payment for medical services for the “treated case” depending on clinically-cost groups and new mechanisms for per capita financing,
- a phased implementation of compulsory health insurance;
- to develop private health care, public-private partnerships;
- to improve the competitive environment for the wide attraction of investments in the healthcare sector.

The present sociological study revealed that our population is not ready for the compulsory insurance. To the question, “Do you think medical insurance should be compulsory or voluntary?”, only 25% of respondents said that medical insurance should be compulsory; 45% voted for voluntary insurance; 18% were generally against health insurance; and 12% found it difficult to answer this question.

And to the question, “Do you know that beginning January 1, 2021 a compulsory health insurance will be gradually introduced in the Republic of Uzbekistan?” 44% of respondents answered they heard about it, whereas 56% have not yet received such information.

CONCLUSION

The survey revealed that: 1) the population believes that equity in health is an integral part of social equity; 2) the state improves the provision of equity in the field of healthcare through adoption of certain laws, as well as via coduction of reforms in the Republic; 3) the population projects the private sector in healthcare as an opportunity to receive qualified medical care; 4) most of the population is not aware of the phased implementation of compulsory health insurance, which should ensure equity in healthcare from January 1, 2021.

The arrangement of compulsory medical insurance will help in solving of such issues as the formation of a competitive environment and establishment of qualified standards for the services provided; ensure equity in resource allocation; give freedom of choice of a medical institution or doctor, both to intermediaries and personally to patients; stimulate the use of resource-saving technologies; improving the well-being of health care and improving the material and technical base of health care institutions; creation of conditions for attracting investments in the development of medical science and technology.

The sphere of medical services is the most relevant and important for the population of any country, including Uzbekistan. A lot of public and private funds

are spent on the maintenance of this area, but the quality of medical services, their availability and timeliness leaves much to be desired.

It is not surprising that almost in every country, the states are trying to ensure equity in healthcare system and relevant laws are being adopted for this purpose; reforms are being carried out in health systems. Nevertheless, in most countries of the world there is no doubt that this issue still remains a colossal problem.

Considering the results of the present study, the majority of the population of Tashkent city positively assesses the reforms carried out by the state in healthcare system. But only time can show what results Uzbekistan can achieve in the issue of equity in the healthcare system by implementing private medicine and compulsory insurance.

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